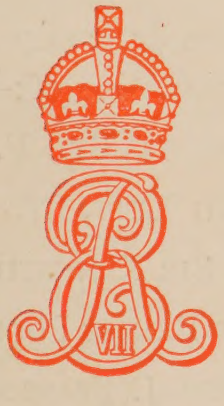
King Edward's Hospital Fund for London



MEMORANDUM

ON THE

SUPERVISION OF NURSES' HEALTH

For consideration by hospitals

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King Edward's Hospital Fund for London

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THE SUPERVISION OF NURSES' HEALTH

INTRODUCTION

It may be remembered that in 1942 the Fund's Visitors interested themselves in various questions connected with the welfare of the nursing staff in hospitals. They were impressed with the standard of health supervision at some hospitals, and found that in cases of serious illness hospital nurses almost invariably receive medical and nursing care of a high order.

It appears, however, that there is no generally accepted standard for the supervision of nurses' health. For instance, the requirements regarding the medical examination of student nurses before admission vary widely at different hospitals, the practice with regard to immunisation follows no general rule, and on such questions as routine medical examination and the keeping of health records it must be admitted that other organisations—schools, industrial bodies employing large numbers of staff, etc.—have been allowed to lead the way.

The Athlone Committee referred to the great importance of routine medical examination, and to the fact that even the examination of candidates before admission to hospital was not by any means universal, while in most cases there was no routine examination during training. They commended the practice in another country of giving a thorough medical inspection, including examination by X-rays, not only before acceptance, but on arrival at the training school, six months later, again before the State Examination, and when appointed to the trained nursing staff. The Athlone Committee's comment was : " Breakdowns in health are thereby avoided and treatment secured at an early stage in tuberculosis and other conditions. Such a practice we regard as admirable in every way and we hope that it may be found possible to adopt it as a routine in British hospital practice."

In view of the wide variation in practice, the King's Fund considered that it might be of use to some hospitals if they could refer to an agreed minimum standard of health care. A Committee was set up under the Chairmanship of Sir Charlton Briscoe, Bt., F.R.C.P., to consider the question in the light of medical knowledge, and of nursing and administrative experience, and to make recommendations accordingly. The Committee's recommendations fall naturally under three headings :—

1. Medical Examination and Supervision of Health of Nursing Staff.
2. Care of Sick Nurses.
3. Prevention of Tuberculosis among the Nursing Staff in General Hospitals.

1. MEDICAL EXAMINATION AND SUPERVISION OF HEALTH.

It is recommended that :

(i) A physician should be appointed for the nursing staff. He should attend regularly and he or his deputy should be available at all times.

(ii) Hospitals should require a detailed medical certificate with full family history from the candidate's own doctor, and also a dental certificate, before she is accepted for training.

(iii) There should be a medical examination by a member of the hospital staff, with X-ray examination of chest and a haemoglobin estimation, either shortly before or on admission.

(iv) The medical examination, X-ray and haemoglobin estimation should be repeated within six months of entering the preliminary training school, at the end of the first year, and subsequently annually as a routine, or more frequently if necessary.

(v) Full records of the above, and of the nurses' weight taken quarterly, should be kept by the physician to the nurses. Health records should be regarded as confidential. Excellent forms for these and also for the preliminary examination by the candidate's doctor, are in use at some hospitals. Copies are obtainable from the offices of the King's Fund for the use of hospitals wishing to review their medical forms.

(vi) No candidate should be accepted for training or on the nursing staff unless she has been vaccinated against smallpox.

(vii) Immunisation against diphtheria should be a general rule at the commencement of training.

It may be of interest to note that in 1942 the Ministry of Health circulated to all Medical Officers of Health a memorandum signed by Sir Wilson Jameson in which it was stated :—

> " It has been customary in isolation hospitals for many years to immunise nurses against diphtheria. Nowadays many women commence nursing at an earlier age than heretofore, and it has been found that a high proportion of nurses in general hospitals are Schick positive. You may, therefore, consider it desirable to extend the present practice by offering immunisation to susceptible nurses, especially those whose work is amongst children in hospitals."

It appears that nurses are immunised against diphtheria in only about 25 per cent. of the training schools in the Fund's area. In the hospitals which are not training schools the proportion is even less—about 20 per cent.—although quite young girls are working there.

(viii) With regard to routine immunisation against scarlet fever, the typhoid group and certain other infections, there seems to be no general consensus of opinion at present, but it is obviously desirable in the case of epidemics.

(ix) It should be recognised that the responsibilities of the physician to the nursing staff are not limited to the treatment of the sick, but that they relate primarily to the maintenance of a good standard of health amongst the nursing staff, and he should take such preventive measures as may be necessary to ensure this.

The Committee cannot conclude this section on the supervision of nurses' health without commending to the consideration of hospitals and their medical and administrative staffs some of the factors essential for the maintenance of a good standard of health and of resistance to infection among the nursing staff :—

(a) *Diet.*—The nursing staff should have three good meals a day, besides tea. These should be attractively served, and adequate in amount and quality. Special care should be taken to guard against nutritional deficiency, which may result from war conditions. Nurses who return from off-duty periods late at night should be able to obtain hot drinks.

(b) *Accommodation.*—It is desirable that each nurse should have a room to herself, with a floor area of at least 100 sq. ft. Present circumstances may render this impracticable in some cases, but in view of the increase of epidemics among nurses during the war, due to overcrowding in dormitories, every effort should be made to provide adequate space and, what is still more important, effective cross-ventilation.

Quarters for the night staff should be arranged in such a way that they are free from noise during their sleeping hours.

Baths and lavatories should be provided in the ratio of one to five or six nurses ; and nurses should be able to have hot baths daily, notwithstanding the present need to economise in fuel consumption.

It is preferable that there should be a wash-basin in each room ; but where it is found necessary to set up a range of wash-basins in a toilet room, these should be

properly spaced and curtained, with a slab to take toilet requisites.

Shampoo rooms and rooms where nurses may launder and iron small articles should be provided.

(c) *Hours of Duty.*—It is now generally agreed that the 96-hour fortnight should be the maximum in all hospitals. In the case of student nurses, the ideal is that hours of duty should include the theoretical as well as the practical part of the training course. Even in present circumstances, hours should be so arranged that the necessary studying and attendance at lectures can be undertaken without overstrain or undue curtailment of leisure.

(d) *Recreation and Exercise.*—There should be full facilities for recreation and exercise, and the formation of clubs. These should be encouraged, and should, indeed, be regarded as an important part of the scheme of training.

(e) *Age of Entry.*—The Committee are of opinion that the minimum age of entry should be fixed high enough to ensure that student nurses have attained some degree of physical stability, sufficient maturity to avoid undue emotional strain, and the maximum resistance to infection. They deplore the practice of allowing girls under eighteen to nurse cases of tuberculosis and other admittedly unsuitable conditions (genito-urinary, neurological, etc.). The poor reputation in which nursing is held by some head-mistresses, as a very hard career, may often be due to cases of breakdown among their ex-pupils who were admitted to general ward work when they were far too young.

The grave responsibility which the professional nurse is called upon to bear makes it essential to recognise that even if on entry she is capable of standing the strain, she may on completing her training still be far too young to be fitted for the responsibilities of a trained nurse. There has been in recent years a tendency in many hospitals to lower the minimum age of entry—it is important that this tendency should be regarded as a concession to existing circumstances, and that it should not be allowed to obscure the ultimate objective.

2. Care of Sick Nurses.

Matrons and Home Sisters regard the care of sick nurses as a most important part of their responsibilities. Perhaps no other career offers the same facilities for immediate skilled care in serious illness, and, as has been said above, the nursing given to the staff in such cases is of a high order. Evidence from various sources,

however, points to certain deviations from the general high standard. The following considerations are offered, not in any spirit of criticism, but in the hope that they will be found useful as constructive suggestions.

Dr. Sheila Bevington has recently published the report of her survey of staff relations and discipline in hospital, for which she held a Leverhulme Research Studentship by arrangement with the Institute of Industrial Psychology. In this report she refers to the existence of dissatisfaction among nurses with regard to the handling of minor ailments, and to difficulties placed in the way of " reporting sick."*

There seems to be a general feeling among nurses that it takes a good deal of courage to report sick without a high temperature or some other unmistakable sign or symptom of illness. As an example, the following quotation from a letter published recently in *Time and Tide* may be of interest : the writer is a sanatorium patient aged about thirty who developed tuberculosis towards the end of her training :—

> " In my hospital days it seemed to be regarded as wrong that a nurse should be ill. Unless her symptoms were alarming she hesitated to report them. One heard of nurses being liable to imagine some of their ills. This often deterred a nurse from admitting to minor, but important, illnesses. Had there been one person at my training school allocated to take the place of a parent or headmistress, who would take a primary interest in the nurses' health, noting bad colds, loss of weight, etc., many of the nurses now in sanatoria could be nursing to-day, thereby minimising somewhat the present shortage."

The Committee feel that this difficulty may often be due to the persistence of an old tradition formed in more rigorous days, rather than to any deliberate policy on the part of those in authority. Further, the fact that some hospitals are short-staffed, and that in any case it is a hospital custom to keep everyone working " to capacity," makes a nurse hesitate to go off duty for fear that others will be overworked.

Whatever the reason, the Committee suggest that, in addition to the hardship to the individual in remaining strenuously at work when unfit, it is shortsighted and mistaken policy not to ensure that even minor ailments receive attention at an early stage. Nurses may be in contact with virulent infections in their work, and serious consequences may follow if minor injuries or septic foci are not treated immediately. A cold or sore throat is a source of infection and is often communicated to patients as well as to other nurses, thus causing an epidemic. It should be realised that

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* " Nursing Life and Discipline " (H. K. Lewis, 1943), p. 18 et seq.

infections disseminated by the medical or nursing staff may lead to serious or even fatal results among operation cases or the debilitated, and to a great deal of absenteeism among the staff themselves.

Bearing in mind the reluctance of nurses to report sick, the Committee recommend that steps should be taken to encourage them to report immediately they are not well. Young nurses have not had sufficient experience to decide whether they are fit for duty or not, and they should not be allowed to feel that if they report a slight cold or sore throat they will be liable to censure or will be taken off duty automatically. Under certain circumstances those only very slightly affected may be passed as fit for duty provided they wear masks to minimise the risk of droplet infection and remain under observation.

All nurses who are taken off duty should receive medical care immediately, and no nurse should be allowed to return to duty until she has been passed as fit by the physician.

Sick leave should not count as part of annual leave, and nurses should not be asked to take their holiday at short notice in place of convalescence.

It is recommended that a sick bay should be set aside for the nursing staff, where adequate nursing care can be given. Nurses confined to bed longer than twenty-four hours should be transferred to the sick bay or, in case of acute illness, to ward beds reserved for their use, where they would be treated as private patients.

3. Prevention of Tuberculosis among the Nursing Staff in General Hospitals.

The Committee have received evidence from various sources that nurses in general hospitals to which cases of pulmonary tuberculosis may be admitted undiagnosed or for teaching purposes are not so well safeguarded against risk of infection as are nurses working in sanatoria. In the more modern sanatoria, procedures have been planned to minimise the risk of infection, there is special equipment for sterilising china, sputum mugs, handkerchiefs, etc., and much of the nurses' work is done in the open air. The patients are taught to avoid spreading infection when coughing and spitting. The nurses are fully conversant with the means of infection and the precautions to be observed, and they are under constant supervision for early symptoms, an X-ray of the chest being taken three-monthly, or oftener if the nurse has a bad cold or other infection. In general hospitals, on the other hand, it is often the duty of the new and untrained probationer to deal with all sputum mugs, including those of chest cases, and handkerchiefs are sometimes allowed to accumulate in the patient's locker or bed until his relatives come for them. There is often no suitable separate place in which marked china can be washed and kept between meals.

Although there may be a steriliser in the ward kitchen for all china, it is not always realised that the washing-up sink is contaminated if china from infectious cases is first washed there.

The Committee are very glad to know of the extensive and important work undertaken by the Prophit Committee for the prevention of tuberculosis. They feel, however, that the problem is such an urgent one as to justify them in making recommendations for those who wish to take immediate steps to minimise the risk, pending the much fuller statement which they believe the Prophit Committee will make in due course :—

(*a*) In the preliminary training school and throughout their hospital training all nurses should receive instruction by the Sister Tutors and the ward sisters in the precautions to be observed in nursing tuberculous patients, and the means whereby infection in respiratory conditions is spread. They must be taught to avoid the risk of droplet infection, that the hands of those nursing positive cases are constantly liable to infection and should be washed frequently and thoroughly, and that no books or papers should be borrowed from such patients or passed on to others. There is a diversity of opinion on the desirability of wearing masks. Regulations regarding uniform should be such that the overall or apron worn for ward duties is removed before going to the dining-room or nurses' home.

Without unduly stressing the risk, the need of obtaining as much fresh air as possible to keep up resistance should be emphasised, and the importance of reporting a cough or minor symptoms, such as persistent fatigue, should be explained. It should not be left entirely to the ward sisters to give this instruction, as new nurses are constantly coming to their wards, and other duties may prevent them from seeing that every nurse is instructed, but the ward sisters should supervise the observance of precautions.

(*b*) Nurses under thirty should be X-rayed three-monthly if they are habitually nursing cases of pulmonary tuberculosis.

(*c*) From the time of their admission, all cases where sputum is present should be nursed " on precautions," if possible in a side ward, unless or until there is a negative diagnosis. When doubtful cases are admitted to general wards, or when there is any reason to suspect tuberculosis in a patient admitted for some other condition, the urgent importance of an early diagnosis and transfer to a tuberculosis unit or sanatorium should be kept in mind.

There is a tendency to relax precautions in these cases, owing, no doubt, to the longer incubation period and less dramatic onset than in such conditions as typhoid fever.

(*d*) If practicable, the hospital should install a boiler where sputum mugs and their contents can be sterilised before they are cleaned. If the number is considerable, they should be collected and returned by a porter trained for the purpose. In small hospitals where it cannot be arranged, this duty should be the responsibility of a senior nurse (third or fourth year). Rubber gloves should be worn for this work.

(*e*) The hospital should keep a stock of handkerchiefs, and should have special arrangements for sterilising and laundering them. It should be the responsibility of a third- or fourth-year nurse to collect all used handkerchiefs daily in a pail containing disinfectant solution, and to issue a stated number of clean handkerchiefs to each patient, so that there is no accumulation.

(*f*) Proper care should be taken in the collection and sterilisation of pillow-slips, sheets, etc., and in methods of sweeping and dusting around the beds of such cases, to avoid the spread of dust-borne infection.

(*g*) If possible there should be a steriliser for all ward china, but china from infectious cases should first be washed in a special sink.

It will no doubt be recognised that in making these suggestions the Committee have not attempted a complete and comprehensive scheme, as it is preferable that the circumstances, work and needs of each hospital should be reviewed by its own medical and administrative staffs and a system of precautions drawn up accordingly.

In conclusion, the Committee would like to emphasise again that they have had many favourable reports on the health care given to nurses. All the recommendations contained in this memorandum are based on methods now in practice, and they are offered to hospitals wishing to review the supervision given to the health of their staff, in the light of recent advances in preventive medicine and staff welfare work.

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